State of California  See Instructions and *Privacy Statement on Reverse Side  TRAVEL EXPENSE CLAIM Traveler ID Unit Code										BK Trip? O YES O No					
TRAVEL EXPENSE CLAIM Traveler ID Unit Code STD. 262 (REV. 10/92) 210										Page		of	Pages		
claimant's name Karen Baker		Fiscal Ye 2008-2		2008TE	C1754		SSN OR EMPLOYEE NUMBER*					DEPARTMENT OPR			
Secretary of Volunteering and			and	CB/ID NO.: EXEMPT				California Volunteers						PCA# 11100	
RESIDENCE ADDRESS:						HEADONAPTERS ADDRESS 1110 K Street Suite 210						TELEPHO	NE NUMBER		
CITY			S	STATE ZIP CODE			CITY	CITY				STATE			
	rament		С	Α			Sac	ramento	)				CA	958	14
(1) MONTH/YEAR Sep 2009			LOCATION	(4)	(5)	MEALS	1	(6)	(7) (A)	TRANSPORTAT		TION (D)		(8)	(9)
(2)	2000	WHERE EX WERE INC	PENSES URRED		BREAK-		O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT-	COST OF TRANS.	TYPE	CARFARE, TOLLS,		E CAR USE	BUSINESS	TOTAL EXPENSES
DATE	TIME			LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USEC	PARKING	MILES		EXPENSE	FOR DAY
	7:50			<u> </u>									\$0.00		\$0.00
9/4	15:30	Sac/Riverside	e/Sac						\$307.20		\$9.00	36	\$19.80		\$336.00
	ļ. ļ												\$0.00		\$0.00
													\$0.00		\$0.00
		<del></del>											\$0.00		\$0.00
													\$0.00		\$0.00
								EG		V .			\$0.00	·	\$0.00
								SEF	2 1 2				\$0.00		\$0.00
							Land Samp			109	-	may a) spanner.	\$0.00		\$0.00
							OF	FIGE OF PI ADMINIST	ANNING & I PATIVE SER	ESE VICE	TRCH S		\$0.00		\$0.00
												_f	\$0.00		\$0.00
													\$0.00		\$0.00
	. 1												\$0.00		\$0
(10)	SUBT	OTALS							\$307.20		\$9.00	ا \$36 ا	19.8		\$336.00
	СО	EUMN CODE (AC	CTG. USE ON	LY)							CLAIM .	TOTAL	-   s	\$2	336.00
					·										
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  Riverside Press Event re: Fire and Disaster Recovery											(12) NORMAL WORK HOLIPS				
											(13) PRIVATE VEHICLE LICENSE NUMBER 4ybd289				
											(14) MILEAGE RATE CLAIMED  AGENCY ACCOUNTING OFFICE  USE ONLY				
											-116116			\$0.	.55
THERES privately claimed.	Y CERTIFY owned vehicand that I had	That the above is a true cle was used, and if mile ave met the requirement	e statement of the tr age rates exceed the s as prescribed by	avel expenses ne minimum rat SAM Sections (	incurred by nee, I certify the 2750, 0751, 0	ne in accordar at the cost of o 0752, 0753, ar	perating the vide of 0754 pertain	ehicle was ed ning to vehicle	avice of the Sta qual to of greate e safety and sea	ne of C er than at belt i	alliornia, if the rate usage,				
(5) CLA	MANT'S SI	GNATURE			DATE /	6/09	(19) 81G	NATURE OF	OFFICER APP	ROVIN	IG ERAVE	. AND P	AYMENT	DATE 7.1	.01
(17) SPE	CIAL EXPE	NSE AUTHORIZATION	- SIGNATURE and	TITLE (See Ite	em 17 on reve	erse)	1/\(\frac{1}{2}\)		1. C	//!	<u> </u>			DATE	<del></del>